

FUNERAL DIRECTOR APPRENTICESHIP TRAINING WORKBOOK

Wisconsin Dept. of Workforce Development
Division of Workforce Excellence
Bureau of Apprenticeship Standards
608-266-3332



Wisconsin Dept. of Regulation & Licensing
Division of Professional Credential Processing
Bureau of Business & Design Professions
1400 E. Washington Avenue
PO Box 8935
Madison WI 53708
608-266-2112

FUNERAL DIRECTOR APPRENTICESHIP APPLICATION FOR FUNERAL DIRECTOR APPRENTICE TRANSFER

FEE: \$10.00
PAYABLE TO: Department of Regulation and Licensing

IMPORTANT: This application must be completed and accompanied by the permit fee.

FOR OFFICE USE ONLY

PERMIT #: _____
START DATE: _____
EXPIRES: _____

Personal information you provide may be used for secondary purposes [Privacy Law, s. 15.04(1)(m)]. Your social security number may be disclosed to the Department of Revenue for the purpose of making the determination of delinquent taxes as required under sec. 440.12, Stats.

Social Security Number		APPLICANT NAME (First, Middle Initial, Last)		
Street Address or P.O. Box		City	State	Zip Code+4
Military Veteran Yes No Not Sure		Former Name (if applicable)		Telephone Number ()
Gender Male Female		Birth Date (Month, Day, Year)		
Ethnic Information: American Indian African American Asian/Pacific Islander Hispanic White		Applicant Education and Training Background: Circle the highest school year completed: 8 9 10 11 12 13 14 15 16 17 18 19 20 GED HSED		

Previous Funeral Director Experience:

For Receipting Use Only

EMPLOYER APPLICATION

Establishment Name: _____ License #: _____

Establishment Address: _____

Name of Owner: _____ Wis. Unemployment #: _____

Name of Funeral Director Sponsor _____ License #: _____

Daytime Telephone #: _____ FAX #: _____

Year Business Started: _____ Trained Apprentices Before? Yes No

Will embalming be performed at this location? Yes No

If No, provide the name and address of the embalming location:

Number of funerals performed in the previous year at the establishment: _____

Number of licensed funeral directors in this establishment: _____

Number of apprentices in this establishment: _____

Starting hourly wage for a licensed funeral director in this establishment: \$ _____

Proposed Apprenticeship Start Date: **(NOTE: Apprentice may not begin practicing until the Contract and Permit have been approved.)** _____

**NAMES OF LICENSED FUNERAL DIRECTORS AND APPRENTICES
NOW EMPLOYED AT ESTABLISHMENT**

Name	Date Employed or Contract Issued	License Number
1.		
2.		
3.		
4.		

Attach an additional sheet, if necessary.

Any misrepresentation contained herein shall be grounds for denial of your request for an apprentice.

Signature of Licensed Funeral Director Sponsor

Date Signed _____

APPRENTICE INFORMATION

AFFIDAVIT OF APPRENTICE APPLICANT

I state that I am the person referred to on this application and that all the answers set forth are strictly true in each respect. I understand that false or forged statements made in connection with this application may be grounds for revocation of my credential or other disciplinary action. I also understand that if I am issued a permit, failure to comply with the laws or rules of either the Funeral Directors Examining Board or the Department of Regulation and Licensing will be cause for disciplinary action.

Signature of Apprentice Applicant

Date